

**CERTIFICATION**

RE: Kevin Johnson  
828604  
17-448-DRH

I, \_\_\_\_\_, hereby certify that  
(Name and Title of Authorized Officer - please print)

Kevin Johnson currently has the sum of \$\_\_\_\_\_ on account at Chester Mental Health Center.

\_\_\_\_\_  
Signature of Authorized Officer

Dated: \_\_\_\_\_

**PURSUANT TO 28 U.S.C. § 1915(a)(2),  
PLEASE ATTACH A COPY OF THE INMATE'S  
TRUST FUND ACCOUNT STATEMENT  
FOR THE PAST SIX MONTHS.**

**Please mail the statement and this completed form to:**

Clerk of Court  
United States District Court  
Southern District of Illinois  
P.O. Box 249  
East St. Louis, IL 62201